		FOR OHF USE					

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2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0025841

Facility Name: SUNRISE MANOR OF VIRDEN

Address: 333 S. WRIGHTSMAN (Number) VIRDEN (City) 62690 (Zip Code)

County: MACOUPIN

Telephone Number: (217) 965-4715 **Fax #** (217) 965-5530

IDPA ID Number: 371087841001

Date of Initial License for Current Owners: 10/01/80

Type of Ownership:

[ ] VOLUNTARY,NON-PROFIT	[X] PROPRIETARY	[ ] GOVERNMENTAL
[ ] Charitable Corp.	[ ] Individual	[ ] State
[ ] Trust	[ ] Partnership	[ ] County
IRS Exemption Code	[ ] Corporation	[ ] Other
	[X] "Sub-S" Corp.	
	[ ] Limited Liability Co.	
	[ ] Trust	
	[ ] Other	

In the event there are further questions about this report, please contact:
Name: JERRY JENNINGS **Telephone Number:** 217 787-8530

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 08/01/99 to 07/31/00 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment

Officer or Administrator of Provider	(Signed) _____ (Date)
	(Type or Print Name) JERRY W. JENNINGS
	(Title) CONTROLLER
Paid Preparer	(Signed) _____ (Date)
	(Print Name and Title)
	(Firm Name & Address)
	(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	25	Skilled (SNF)	25	9,150	1
2		Skilled Pediatric (SNF/PED)			2
3	74	Intermediate (ICF)	74	27,084	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,234	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	35		2,691	2,726	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	10,910	11,352		22,262	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	10,945	11,352	2,691	24,988	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 68.96%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
OUTPATIENT THERAPY

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 10/01/80

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date SEE ATTACHED NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 2691 and days of care provided _____

Medicare Intermediary ADMINISTAR FEDERAL

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 07/31/00 Fiscal Year: 07/31/00

* All facilities other than governmental must report on the accrual basis.

Print Preview

IF AN ERROR OCCURS IN LINE 8, 16 OR 28, PLEASE ROUND ALL CELLS IN THE APPLICABLE SECTION TO ZERO DECIMAL PLACES.

STATE OF ILLINOIS

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	78,991	13,029	5,216	97,236		97,236	0	97,236			1
2	Food Purchase		91,339		91,339		91,339	(2,322)	89,017			2
3	Housekeeping	23,569	9,530		33,099		33,099	0	33,099			3
4	Laundry	23,501	6,734		30,235		30,235	0	30,235			4
5	Heat and Other Utilities			75,802	75,802		75,802	0	75,802			5
6	Maintenance	25,149	14,260	20,778	60,187		60,187	1,806	61,993			6
7	Other (specify):* Utility Workers	41,175			41,175		41,175	0	41,175			7
8	TOTAL General Services	192,385	134,892	101,796	429,073		429,073	(516)	428,557			8
	B. Health Care and Programs											
9	Medical Director			7,200	7,200		7,200	0	7,200			9
10	Nursing and Medical Records	581,035	61,004	29,649	671,688	(39,731)	631,957	(13,086)	618,871			10
10a	Therapy	18,014	609	143,439	162,062	(142,138)	19,924	0	19,924			10a
11	Activities	22,860	1,117		23,977		23,977	0	23,977			11
12	Social Services	9,348		2,702	12,050		12,050	0	12,050			12
13	Nurse Aide Training	24,864	274	661	25,799		25,799	(9,874)	15,925			13
14	Program Transportation							0				14
15	Other (specify):*							0				15
16	TOTAL Health Care and Programs	656,121	63,004	183,651	902,776	(181,869)	720,907	(22,960)	697,947			16
	C. General Administration											
17	Administrative	51,728		12,178	63,906	561	64,467	32,625	97,092			17
18	Directors Fees							0				18
19	Professional Services			145,791	145,791		145,791	(138,091)	7,700			19
20	Dues, Fees, Subscriptions & Promotions			8,301	8,301		8,301	(1,811)	6,490			20
21	Clerical & General Office Expenses	15,458	4,774	6,283	26,515		26,515	12,065	38,580			21
22	Employee Benefits & Payroll Taxes			123,424	123,424		123,424	8,174	131,598			22
23	Inservice Training & Education			785	785		785	102	887			23
24	Travel and Seminar			763	763	(763)		897	897			24
25	Other Admin. Staff Transportation							0				25
26	Insurance-Prop.Liab.Malpractice			55,663	55,663		55,663	240	55,903			26
27	Other (specify):*			14,158	14,158		14,158	(14,158)				27
28	TOTAL General Administration	67,186	4,774	367,346	439,306	(202)	439,104	(99,957)	339,147			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	915,692	202,670	652,793	1,771,155	(182,071)	1,589,084	(123,433)	1,465,651			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Print Preview

IF AN ERROR OCCURS IN LINE 37 OR 44, PLEASE ROUND ALL CELLS IN THE APPLICABLE SECTION TO ZERO DECIMAL PLACES.

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			21,008	21,008		21,008	32,985	53,993			30
31	Amortization of Pre-Op. & Org.							0				31
32	Interest			867	867		867	11,017	11,884			32
33	Real Estate Taxes			17,525	17,525		17,525	0	17,525			33
34	Rent-Facility & Grounds			245,400	245,400		245,400	3,377	248,777			34
35	Rent-Equipment & Vehicles							0				35
36	Other (specify):*							0				36
37	TOTAL Ownership			284,800	284,800		284,800	47,379	332,179			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation							0				38
39	Ancillary Service Centers					182,071	182,071	0	182,071			39
40	Barber and Beauty Shops							0				40
41	Coffee and Gift Shops							0				41
42	Provider Participation Fee			54,352	54,352		54,352	0	54,352			42
43	Other (specify):*							0				43
44	TOTAL Special Cost Centers			54,352	54,352	182,071	236,423		236,423			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	915,692	202,670	991,945	2,110,307	0	2,110,307	(76,054)	2,034,253			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

Print Preview

FOR LINES 1 THRU 28, ENTER ONLY ONE LINE REFERENCE PER ROW. IF SIMILAR ADJUSTMENTS ARE MADE TO MORE THAN ONE LINE, ENTER THE ADDITIONAL ADJUSTMENTS ON LINE 29 OF THIS SCHEDULE AND DETAIL THEM ON PAGE 5A.

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7 In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(14,345)	30		9
10	Interest and Other Investment Income	(5,174)	32		10
11	Discounts, Allowances, Rebates & Refunds	(4,199)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(2,438)	27		13
14	Non-Care Related Interest	(867)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(11,720)	27		24
25	Fund Raising, Advertising and Promotional	(1,698)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees	(9,874)	13		27
28	Yellow Page Advertising	(283)	20		28
29	Other-Attach Schedule	(15,815)	VAR		29
30	SUBTOTAL (A): (Sum of lines 1-29)	$ (66,413)		$	30

OHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(252,026)		34
35	Other- Attach Schedule Sch XIX-H Col 8 Ln 20	1,185		35
36	SUBTOTAL (B): (sum of lines 31-35)	$ (250,841)		36
37	TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))	$ (317,254)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39	THERAPY	X		142,138	10A	39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology	X		940	10	42
43	Prescription Drugs	X		37,341	10	43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule IV, MC SUPP.	X		552	10	45
46	Other-Attach Schedule OXYGEN	X		1,100	10	46
47	TOTAL (C): (sum of lines 38-46)			$ 182,071		47

Print Preview

VENDING	(2,322)	2
EXPENSE REIMBURSEMENT	(13,493)	10

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET.
IF THESE ARE NOT FOLLOWED, THE FORMULAS WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number SUNRISE MANOR OF VIRDEN **#** 0025841 **Report Period Beginning:** 08/01/99 **Ending:** 07/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

Print Summary A

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(2,322)	0	0	0	0	0	0	0	0	0	0	(2,322)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(2,322)	0	0	0	0	0	0	0	0	0	0	(2,322)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	(13,493)	0	0	0	0	0	0	0	0	0	0	(13,493)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	(9,874)	0	0	0	0	0	0	0	0	0	0	(9,874)	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	(23,367)	0	0	0	0	0	0	0	0	0	0	(23,367)	16
	C. General Administration													
17	Administrative	0	403	0	0	0	0	0	0	0	0	0	403	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	(138,263)	0	0	0	0	0	0	0	0	0	(138,263)	19
20	Fees, Subscriptions & Promotions	(1,981)	0	0	0	0	0	0	0	0	0	0	(1,981)	20
21	Clerical & General Office Expenses	(4,199)	0	0	0	0	0	0	0	0	0	0	(4,199)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	(403)	0	0	0	0	0	0	0	0	0	(403)	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(14,158)	0	0	0	0	0	0	0	0	0	0	(14,158)	27
28	**TOTAL General Administration**	(20,338)	(138,263)	0	0	0	0	0	0	0	0	0	(158,601)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(46,027)	(138,263)	0	0	0	0	0	0	0	0	0	(184,290)	29

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The amounts in the column Q are linked to page 3.

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET.
IF THESE ARE NOT FOLLOWED, THE FORMULAS WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS — Summary B

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

Print Summary B

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	(14,345)	45,831	0	0	0	0	0	0	0	0	0	31,486	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(6,041)	17,058	0	0	0	0	0	0	0	0	0	11,017	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(241,200)	0	0	0	0	0	0	0	0	0	(241,200)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(20,386)	(178,311)	0	0	0	0	0	0	0	0	0	(198,697)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(66,413)	(316,574)	0	0	0	0	0	0	0	0	0	(382,987)	45

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The amounts in the column Q are linked to page 4.

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET. IF THESE ARE NOT FOLLOWED, THE FORMULAS ON THE SUMMARY PAGES WILL NOT FUNCTION PROPERLY.

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

Show Pgs 6A thru 6D | Show Pgs 6E thru 6I | Hide Pgs 6A thru 6I

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
SAM KLEIN	41.0	D'ADRIAN CONVALESCENT CENTER	GODFREY	Nursing Home Mngr.	SPRINGFIELD	MANAGEMENT
H. RAYMOND KLEIN	36.5	HILLTOP NURSING HOME	CHARLESTON	Sunrise Property	SPRINGFIELD	LEASOR
PHILIP KLEIN	4.5	JACKSONVILLE CONVALESCENT CENTER	JACKSONVILLE			
DANA KLEIN	4.5	MEADOW MANOR	TAYLORVILLE			
LISA K. GILDAR	4.5	MENARD CONVALESCENT CENTER	PETERSBURG			
DAVID & RAQUEL KLEIN	4.5					
JERRY & PAULA JENNINGS	4.5					

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)		Sum_6
1	V	34	RENT	$ 241,200	SUNRISE PROPERTY	100.00%	$	$ (241,200)	1	-241200
2	V	30	DEPRECIATION		SUNRISE PROPERTY	100.00%	45,831	45,831	2	45831
3	V	32	INTEREST		SUNRISE PROPERTY	100.00%	17,058	17,058	3	17058
4	V								4	
5	V	19	MANAGEMENT FEE	145,791	NURSING HOME MANAGERS	77.50%		(145,791)	5	-145791
6	V	VAR	SEE ATTACHED SCHEDULE		NURSING HOME MANAGERS		64,548	64,548	6	64548
7	V	19	ACCOUNTING		NURSING HOME MANAGERS DIRECT ALLOCATION		7,528	7,528	7	7528
8	V	24	TRAVEL	403	TO TRANSFER 31% OF HOME OFFICE TRAVEL			(403)	8	-403
9	V	17	ADMINISTRATIVE		TO ADMINISTRATIVE PER DESK REVIEW		403	403	9	403
10	V								10	
11	V								11	
12	V								12	
13	V								13	
14	Total			$ 387,394			$ 135,368	$ * (252,026)	14	

* Total must agree with the amount recorded on line 34 of Schedule VI.

Print Preview

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The adjustments entered on this page will automatically transfer to the summary pages.

Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line	Line
1	2	3	4	5	6	7	9	10	10a	11	12	13	14	15	17	18	19	20	21	22	23	24	25	26	27	30	31	32	33	34	35	36	38	39	40	41	42	43

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	SAM KLEIN	PRESIDENT	MANAGEMENT	41.00					$ 1,684	17-7	1
2	H. RAYMOND KLEIN	OWNER	MANAGEMENT	36.50					1,684	17-7	2
3	JERRY JENNINGS	CONTROLLER	MANAGEMENT	4.50					11,829	17-7	3
4											4
5		Jerry Jennings, Sam Klein, and H. Raymond Klein were paid by Nursing Home									5
6		Managers, Inc., a related organization. Total compensation of $10,010 for									6
7		each Sam Klein and H. Raymond Klein was allocated among the six related									7
8		nursing homes based upon 10 hours per week for Sam Klein and 10 hours per									8
9		week for H. Raymond Klein. For Jerry Jennings $70,322 of compensation was									9
10		allocated among the related homes based upon 35 hours per week.									10
11											11
12											12
13								TOTAL	$ 15,197		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

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Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

VIII. ALLOCATION OF INDIRECT COSTS [Show Pgs 8A thru 8D] [Show Pgs 8E thru 8I] [Hide Pgs 8A thru 8I]

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: NURSING HOME MANAGERS, INC
Street Address: 2653 W. LAWRENCE, SUITE B.
City / State / Zip Code: SPRINGFIELD, IL 62704
Phone Number: (217) 787-8530
Fax Number: (217) 787-9840

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2		SEE ATTACHED SCHEDULES								2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

[Print Preview]

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	OWNERS	X		ACQUISITION	VARIES	10/01/85	$ 800,000	$ 225,865	DEMAND	6	$ 17,058	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 800,000	$ 225,865			$ 17,058	9
	B. Non-Facility Related*											
10	STOCKHOLDER	X		WORKING CAPITAL		VARIES	25,000	0	DEMAND	6	867	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$ 25,000	$			$ 867	14
15	TOTALS (line 9+line14)						$ 825,000	$ 225,865			$ 17,925	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	18,035	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	16,925	2
3. Under or (over) accrual (line 2 minus line 1).	$	(1,110)	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	18,635	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$		5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ ____ For 19 ____ Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	17,525	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1995	15,524	8
1996	15,424	9
1997	16,781	10
1998	16,648	11
1999	17,202	12

LINE 2 2ND INSTALLMENT 1998 $8324
1ST INSTALLMENT 1999 8601
$16925

LINE 4 2ND INSTALLMENT 1999 $8601
7/12 OF 17202 10034
$18635

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 28,444 B. General Construction Type: Exterior MASONRY Frame WOOD & STEEL Number of Stories 1

C. Does the Operating Entity? [ ] (a) Own the Facility [X] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [X] (b) Rent equipment from a Related Organization. [ ] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	NURSING HOME		1985	$ 5,000	1
2					2
3	TOTALS			$ 5,000	3

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IF AN ERROR OCCURS IN LINE 35, COLUMN 4, PLEASE REMOVE THE TEXT FROM COLUMN 2 OR 3.

Show Pgs 12A & 12B | Show Pgs 12C and 12D | Hide Pgs 12A thru 12D

STATE OF ILLINOIS

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	99		1985	1970	$ 885,000	$ 45,504	30	$ 29,500	$ (16,004)	$ 442,500	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	AIR CONDITIONING			1981	2,179		8			2,179	9
10	IMPROVEMENT			1981	5,664		15			5,664	10
11	AIR CONDITIONING			1983	1,734	14	10		(14)	1,734	11
12	EXHAUST FAN & IMPROVEMENT			1984	2,064		15			2,064	12
13	ROOF			1985	29,004	1,160	15	961	(199)	29,004	13
14	BLACKTOP			1985	16,000	672	15	1,067	395	15,471	14
15	LANDSCAPING			1985	2,400	101	10		(101)	2,400	15
16	TILE			1986	2,508	129	15	167	38	2,255	16
17	AIR CONDITIONING			1986	573	30	8		(30)	573	17
18	CIRCULATIONG PUMPS			1986	918	47	15	61	14	823	18
19	WATER HEATER			1987	1,705	54	15	114	60	1,539	19
20	SEWER & MANHOLE			1988	4,843	154	15	323	169	4,037	20
21	FIRE ALARM ADJUSTMENT			1989	1,388	44	15	93	49	1,069	21
22	SPRINKLER MAINTENANCE			1990	735	23	10	73	50	665	22
23	ROOF			1990	11,247	357	15	750	393	7,125	23
24	SPRINKLER & DETECTORS			1991	2,684	85	15	179	94	1,700	24
25	DOOR ALARM, TOILET, ETC.			1993	2,867	91	15	191	100	1,433	25
26	ROOF, AIR CONDITIONING, KITCHEN			1995	16,554	424	15	1,104	680	6,072	26
27	SMOKE DOORS			1997	4,043	104	15	270	166	675	27
28	ROOF			1998	10,655	273	15	710	437	1,775	28
29	DOOR FRAMES			1998	4,379	112	15	292	180	730	29
30	GUTTERS			1999	800	21	15	53	32	80	30
31	AIR CONDITIONING			1999	17,091	438	10	1,709	1,271	2,564	31
32	WATER HEATER, DOOR, PLUMBING			2000	13,377	166	15	467	301	467	32
33											33
34											34
35											35
36	TOTAL (lines 4 thru 35)				$ 1040412	$ 50,003		$ 38,084	$ (11,919)	$ 534,598	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 118,804	$ 14,096	$ 14,200	$ 104	VAR	$ 43,086	37
38	Current Year Purchases	19,172	2,740	210	(2,530)	VAR	210	38
39	Fully Depreciated Assets	198,199					198,199	39
40								40
41	TOTALS	$ 336,175	$ 16,836	$ 14,410	$ (2,426)		$ 241,495	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42		N/A		$	$	$	$		$	42
43										43
44										44
45										45
46	TOTALS			$	$	$	$		$	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ 1,381,587	47	
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 66,839	48	
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 52,494	49	**
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$ (14,345)	50	
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 776,093	51	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52		$	$	$	52
53					53
54					54
55					55
56					56
57	TOTALS	$	$	$	57

G. Construction-in-Progress

	Description	Cost	
58		$	58
59			59
60			60
61		$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	1970	99	08/01/85	$ 241,200	1	N/A	3
4	Additions							4
5								5
6								6
7	TOTAL		99		$ 241,200 **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☒ NO Terms: *

10. Effective dates of current rental agreement:
Beginning 8/01/99
Ending 7/31/00

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	7/31/2001	$ 241,200
13.	7/31/2002	$ 241,200
14.	7/31/2003	$ 241,200

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☒ YES ☐ NO

16. Rental Amount for movable equipment: $ Description: INCLUDED IN ABOVE AMOUNT
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER AIDE 84

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [ ]
- HOURS PER AIDE 40

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies		274		274
3	Classroom Wages (a)	1,303	4,923		6,226
4	Clinical Wages (b)	1,003	827		1,830
5	In-House Trainer Wages (c)	5,891	10,917		16,808
6	Transportation	123	138		261
7	Contractual Payments				
8	Nurse Aide Competency Tests		400		400
9	TOTALS	$ 8,320	$ 17,479	$	$ 25,799
10	SUM OF line 9, col. 1 and 2 (e)	$ 25,799			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$ 9,874

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	4
2. From other facilities (f)	12
DROP-OUTS	
1. From this facility	6
2. From other facilities (f)	11
TOTAL TRAINED	33

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	39-8	hrs	$	1,389	$ 58,206	$	1,389	$ 58,206	1
2	Licensed Speech and Language Development Therapist	39-8	hrs		494	27,025		494	27,025	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-8	hrs		1,354	56,907		1,354	56,907	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-8	# of prescrpts				37,341		37,341	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): O2, Labs, MC Supp	39-8					2,592		2,592	13
14	TOTAL			$	3,237	$ 142,138	$ 39,933	3,237	$ 182,071	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 07/31/00 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 38,678	$ 45,281	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	162,786	162,786	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	23,558	23,558	6
7	Other Prepaid Expenses	37,502	37,502	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 262,524	$ 269,127	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		5,000	13
14	Buildings, at Historical Cost		892,827	14
15	Leasehold Improvements, at Historical Cost	147,585	147,585	15
16	Equipment, at Historical Cost	186,274	334,774	16
17	Accumulated Depreciation (book methods)	(205,071)	(1,058,333)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 128,788	$ 321,853	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 391,312	$ 590,980	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 101,350	$ 101,350	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		225,865	29
30	Accrued Salaries Payable	23,475	23,475	30
31	Accrued Taxes Payable (excluding real estate taxes)	11,009	11,009	31
32	Accrued Real Estate Taxes(Sch.IX-B)	18,635	18,635	32
33	Accrued Interest Payable		1,147	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 154,469	$ 381,481	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 154,469	$ 381,481	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 236,843	$ 209,499	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 391,312	$ 590,980	48

***(See instructions.)**

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 460,748	1
2	Restatements (describe):		2
3	ROUNDING ADJUSTMENT	(1)	3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 460,747	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(203,904)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	(20,000)	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (223,904)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 236,843	24 *

*** This must agree with page 17, line 47.**

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,011,735	1
2	Discounts and Allowances for all Levels	(189,350)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 1,822,385	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	44,848	6
7	Oxygen	1,100	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 45,948	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	12,869	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 12,869	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	5,174	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 5,174	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Vending 2322 Admit 1050 Old Checks 2992 W/A 70	6,434	28
28a	Exp Reim 13493 Flu Shots 13 Jury Duty 74 Copies 13	13,593	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 20,027	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 1,906,403	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	$ 429,073	31
32	Health Care	902,776	32
33	General Administration	439,306	33
	B. Capital Expense		
34	Ownership	284,800	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee	54,352	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,110,307	40
41	**Income before Income Taxes (line 30 minus line 40)****	(203,904)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (203,904)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? NO If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,760	1,782	$ 34,924	$ 19.60	1
2	Assistant Director of Nursing					2
3	Registered Nurses	5,214	5,454	82,827	15.19	3
4	Licensed Practical Nurses	14,613	15,442	186,219	12.06	4
5	Nurse Aides & Orderlies	33,667	34,648	277,065	8.00	5
6	Nurse Aide Trainees	1,559	1,559	8,056	5.17	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	2,345	2,416	18,014	7.46	8
9	Activity Director	1,709	1,843	12,337	6.70	9
10	Activity Assistants	1,776	1,849	10,523	5.69	10
11	Social Service Workers	1,251	1,407	9,348	6.65	11
12	Dietician					12
13	Food Service Supervisor	2,311	2,382	20,034	8.41	13
14	Head Cook					14
15	Cook Helpers/Assistants	9,135	9,496	58,957	6.21	15
16	Dishwashers					16
17	Maintenance Workers	3,873	3,938	25,149	6.39	17
18	Housekeepers	4,298	4,373	23,569	5.39	18
19	Laundry	3,330	3,560	23,501	6.60	19
20	Administrator	2,000	2,080	51,728	24.87	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	1,539	1,716	15,458	9.01	24
25	Vocational Instruction	925	932	16,808	18.03	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) Utility Workers	7,424	7,488	41,175	5.50	33
34	TOTAL (lines 1 - 33)	98,730	102,362	$ 915,692 *	$ 8.95	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

Print Preview

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B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	192	$ 5,216	1-3	35
36	Medical Director	120	7,200	9-3	36
37	Medical Records Consultant	6	150	10-3	37
38	Nurse Consultant	120	6,235	10-3	38
39	Pharmacist Consultant	48	900	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	48	2,702	12-3	45
46	Other(specify)				46
47	ADMINISTRATIVE CONSULTAN	461	12,178	17-3	47
48					48
49	TOTAL (lines 35 - 48)	995	$ 34,581		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses	224	5,709	10-3	51
52	Nurse Aides	980	16,655	10-3	52
53	TOTAL (lines 50 - 52)	1,204	$ 22,364		53

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
PATRICIA BARNES	ADMINISTRATOR		$ 51,728
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 51,728

B. Administrative - Other

Description	Amount
ADMINISTRATIVE CONSULTANT	$ 12,178
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$ 12,178

C. Professional Services

Vendor/Payee	Type	Amount
NURSING HOME MANAGERS	MANAGEMENT FEE	$ 145,791
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $2500 attach copy of invoices.)		$ 145,791

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 17,627
Unemployment Compensation Insurance	12,612
FICA Taxes	69,208
Employee Health Insurance	
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
EMPLOYEE CAFETERIA PLAN	20,452
EMPLOYEE LIFE INSURANCE	2,087
HOLIDAY PARTIES	663
GIFT CERTIFICATES	775
NURSING HOME MANAGERS ALLOCATION	8,174
TOTAL (agree to Schedule V, line 22, col.8)	$ 131,598

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
HOLIDAY PARTIES	22	$ 663
GIFT CERTIFICATES	22	775
TOTAL		$ 1,438

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	5,391
Health Care Worker Background Check	504
(Indicate # of checks performed 42)	
PUBLIC RELATIONS	1,698
YELLOW PAGES	283
HCFA LAB FEE	150
FRANCHISE FEE	275
NURSING HOME MNGRS ALLOCATION	170
Less: Public Relations Expense	(1,698)
Non-allowable advertising	( )
Yellow page advertising	(283)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 6,490

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
NURSING HOME MNGRS ALLOCATION	1,300
LESS TRANSFERRED TO LINE 17	(403)
Seminar Expense	
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 897

* Attach copy of IMRF notifications

**See instructions.

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
					Amount of Expense Amortized Per Year								
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1	SPRINKLER MAINT.	11/88	$ 1,381	3 YR	$	$	$	$	$	$	$	$	$
2	PAINT & WALLPAPE	8/93	1,002	3 YR									
3	PAINT & WALLPAPE	8/94	3,809	3 YR	634								
4	PAINT & WALLPAPE	8/96-7/97	2,280	3 YR	380	760	760	380					
5	PAINT & WALLCOVI	8/97-7/98	2,415	3 YR		403	805	805	402				
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 10,887		$ 1,014	$ 1,163	$ 1,565	$ 1,185	$ 402	$	$	$	$

Print Preview

Facility Name & ID Number SUNRISE MANOR OF VIRDEN # 0025841 Report Period Beginning: 08/01/99 Ending: 07/31/00

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **NO**

(2) Are there any dues to nursing home associations included on the cost report? **NO**
If YES, give association name and amount.

(3) Did the nursing home make political contributions or payments to a political action organization? **NO** If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **15 YRS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **$ 553** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **$ 54352**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **YES** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **NO** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **N/A** Indicate the amount. $

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **N/A**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? 0
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **NO**
Firm Name: The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **N/A**
Attach invoices and a summary of services for all architect and appraisal fees.

Print Preview

SCHEDULE V
PAGES 3 & 4

LINE 27 OTHER

SALES TAX	$	2438
BAD DEBTS		11720
LINE 27 COLUMN 3	$	14158

COLUMN 5 RECLASSIFICATIONS

TRANSFER FROM:			LINE #
MEDICARE SUPPLIES	$	-552	10
LABS		-940	10
OXYGEN		-1100	10
MEDICARE DRUGS & FLU SHOTS		-37341	10
PHYSICAL THERAPY		-56907	10A
SPEECH THERAPY		-27025	10A
OCCUPATIONAL THERAPY		-58206	10A
TRANSFER TO: ANCILLARY	$	182071	39

TRANSFER TO:			
NURSING CONSULTANT TRAVEL	$	202	10
ADMINISTRATIVE CONS. TRAVEL		561	17
TRANSFER FROM: TRAVEL	$	-763	24

SCHEDULE XIII
PAGE 15

NURSE AIDE TRAINING

OTHER FACILITIES TRAINED

JACKSONVILLE CONVALESCENT CENTER, INC.
1517 WEST WALNUT
JACKSONVILLE, IL 62650

MEADOW MANOR, INC.
800 MCADAM DRIVE
TAYLORVILLE, IL 62568

MENARD CONVALESCENT CENTER, INC.
120 WEST ANTLE
PETERSBURG, IL 62675

D'ADRIAN CONVALESCENT CENTER, INC.
1373 D'ADRAIN PROFESSIONAL PARK
GODFREY, IL 62035

PAGE 2 - QUESTION J

FACILITY WAS LEASED 10/01/80 FROM NON-RELATED PARTY
FACILITY WAS PURCHASED 7/23/85

PAGE 23 - QUESTION 12

SALARY COSTS ALLOCATED TO DEPARTMENT WORKED
BASED UPON TIME CARDS

PAGE 13 SCHEDULE XI SECTION 3
RECONCILIATION OF DEPRECIATION

LINE 49	$	52494
NURSING HOME MANAGERS ALLOCATION		1499
SCHEDULE V COLUMN 8 LINE 30	$	53993

SCHEDULE XVII
PAGE 19 - LINE 41

RECONCILIATION OF INCOME

LINE 41 - NET INCOME	$	-203904
* ACCRUED MANAGEMENT FEE 7/99		-18932
* ACCRUED MANAGEMENT FEE 7/00		7916
INTEREST INCOME PASSED DIRECTLY TO STOCKHOLDERS		-5174
TAXABLE INCOME	$	-220094

* RELATED PARTY ACCOUNTS PAYABLE NOT ALLOWED FOR TAX PURPOSES INCLUDED HERE FOR CONSISTENCY WITH PRIOR COST REPORTS AND TO CONFORM TO ACCRUAL ACCOUNTING METHODS

PAGE 6 SCHEDULE VII B LINE 7
NURSING HOME MANAGERS COSTS

CENTRAL OFFICE COST ALLOCATION
SUNRISE
1999

	AUG 99	SEPT	OCT	NOV	DEC	JAN 00	FEB	MARCH	APRIL	MAY	JUNE	JULY	1999 TOTAL	LINE NO.
SALARIES-ADMIN	$2,738	$2,518	$2,370	$2,407	$2,479	$2,261	$2,371	$2,482	$2,443	$2,376	$2,264	$2,146	$28,854	17
SALARIES-CLERIC	1,354	1,246	1,172	1,191	1,226	1,160	1,216	1,273	1,253	1,219	1,161	1,101	14,573	21
SALARIES-ACTIV	0	0	0	0	0	0	0	0	0	0	0	0	0	11
SALARIES-NURSE	89	82	77	78	81	0	0	0	0	0	0	0	407	10
ACCOUNTING	26	24	22	23	23	7	8	8	8	8	7	7	172	19
WORK COMP INS	5	4	4	4	4	12	13	13	13	13	12	11	109	22
SUPPLIES	61	56	53	53	55	110	115	121	119	116	110	104	1,073	21
TELEPHONE	52	48	45	46	47	52	55	58	57	55	52	50	618	21
EMPL BENEFITS	418	384	362	367	378	374	392	410	404	393	374	355	4,609	22
PAYROLL TAXES	316	291	274	278	287	278	292	305	300	292	278	264	3,456	22
TRAVEL	32	29	28	28	29	160	167	175	172	168	160	151	1,300	24
IN SERVICE	5	5	4	4	5	11	11	12	12	11	11	10	102	23
MEDICAL CONSULT	0	0	0	0	0	0	0	0	0	0	0	0	0	
MACHINE RENTAL	3	3	3	3	3	17	18	19	19	18	17	16	140	6
OWNERS COMP	317	292	275	279	287	265	278	291	287	279	266	252	3,368	17
INS-PROP,LIAB,WC	22	20	19	19	20	19	20	21	21	20	19	18	240	26
DEPRECIATION	133	123	115	117	121	123	129	135	133	129	123	117	1,499	30
RENT	308	283	266	271	279	273	286	299	295	286	273	259	3,377	34
MAINTENANCE	70	65	61	62	64	22	23	24	24	23	22	21	481	6
FEES & PUBLICAT	27	25	24	24	25	4	4	4	4	4	4	4	154	20
ADVERTISING	0	0	0	0	0	2	2	2	2	2	2	2	16	20
	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL	$5,978	$5,498	$5,174	$5,256	$5,413	$5,150	$5,402	$5,653	$5,566	$5,412	$5,157	$4,889	$64,548	
FIXED ASSETS													64,547	
EQUIP - PRIOR	10,146	9,332	8,782	8,920	9,187	7,379	7,740	8,100	7,975	7,754	7,388	7,004	8,309	
EQUIP - CURR	1,300	1,196	1,125	1,143	1,177	1,493	1,901	3,729	3,672	3,570	3,402	3,225	2,244	
EQUIP - FULLY DEP	1,052	968	911	925	953	902	946	990	975	948	903	856	944	
BLDG - PRIOR	1,260	1,159	1,091	1,108	1,141	1,081	1,134	1,186	1,168	1,136	1,082	1,026	1,131	
BLDG - CURR	0	0	0	0	0	0	0	0	0	0	0	0	0	
BLDG - FULLY DEP	0	0	0	0	0	0	0	0	0	0	0	0	0	

MONTHLY COST ALLOCATIONS USED ON PAGE 27

NURSING HOME MANAGERS
COST ALLOCATION
AUGUST 1999

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	18.57%	14.57%	16.98%	19.49%	11.65%	18.74%	100.00%
SALARIES-ADMIN	$2,713	$2,128	$2,481	$2,847	$1,702	$2,738	$14,609
SALARIES-CLERIC	1,342	1,053	1,227	1,408	842	1,354	7,228
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	88	69	81	93	55	89	476
ACCOUNTING	26	20	23	27	16	26	138
WORK COMP INS	5	4	4	5	3	5	25
SUPPLIES	60	47	55	63	38	61	324
TELEPHONE	52	41	47	54	33	52	279
EMPL BENEFITS	414	325	378	434	260	418	2,229
PAYROLL TAXES	314	246	287	329	197	316	1,689
TRAVEL	32	25	29	33	20	32	171
IN SERVICE	5	4	5	5	3	5	27
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	3	3	3	3	2	3	18
OWNERS COMP	315	247	288	330	197	317	1,694
INS-PROP,LIAB,WC	22	17	20	23	14	22	118
DEPRECIATION	132	104	121	139	83	133	711
RENT	305	239	279	320	191	308	1,642
MAINTENANCE	70	55	64	73	44	70	375
FEES & PUBLIC	27	21	25	28	17	27	146
ADVERTISING	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
TOTAL	$5,925	$4,646	$5,417	$6,215	$3,716	$5,978	$31,897
FIXED ASSETS							
EQUIP - PRIOR	10,056	7,886	9,194	10,549	6,308	10,146	54,137
EQUIP - CURR	1,288	1,010	1,178	1,351	808	1,300	6,936
EQUIP - FULLY DEP	1,043	818	953	1,094	654	1,052	5,614
BLDG - PRIOR	1,249	980	1,142	1,310	784	1,260	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
SEPTEMBER 1999

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	18.68%	14.55%	17.11%	19.74%	12.69%	17.24%	100.00%
SALARIES-ADMIN	$2,728	$2,125	$2,499	$2,884	$1,853	$2,518	$14,609
SALARIES-CLERIC	1,350	1,051	1,237	1,427	917	1,246	7,228
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	89	69	81	94	60	82	476
ACCOUNTING	26	20	24	27	18	24	138
WORK COMP INS	5	4	4	5	3	4	25
SUPPLIES	61	47	55	64	41	56	324
TELEPHONE	52	41	48	55	35	48	279
EMPL BENEFITS	416	324	381	440	283	384	2,229
PAYROLL TAXES	315	246	289	333	214	291	1,689
TRAVEL	32	25	29	34	22	29	171
IN SERVICE	5	4	5	5	3	5	27
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	3	3	3	3	2	3	18
OWNERS COMP	316	246	290	334	215	292	1,694
INS-PROP,LIAB,WC	22	17	20	23	15	20	118
DEPRECIATION	133	103	122	140	90	123	711
RENT	307	239	281	324	208	283	1,642
MAINTENANCE	70	55	64	74	48	65	375
FEES & PUBLIC	27	21	25	29	19	25	146
ADVERTISING	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
TOTAL	$5,957	$4,640	$5,457	$6,297	$4,047	$5,498	$31,897
FIXED ASSETS							
EQUIP - PRIOR	10,111	7,876	9,262	10,687	6,868	9,332	54,137
EQUIP - CURR	1,295	1,009	1,187	1,369	880	1,196	6,936
EQUIP - FULLY DEP	1,049	817	960	1,108	712	968	5,614
BLDG - PRIOR	1,256	978	1,151	1,328	853	1,159	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
OCTOBER 1999

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	19.07%	14.47%	16.72%	20.30%	13.21%	16.22%	100.00%
SALARIES-ADMIN	$2,786	$2,115	$2,443	$2,965	$1,930	$2,370	$14,609
SALARIES-CLERIC	1,378	1,046	1,209	1,467	955	1,172	7,228
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	91	69	80	97	63	77	476
ACCOUNTING	26	20	23	28	18	22	138
WORK COMP INS	5	4	4	5	3	4	25
SUPPLIES	62	47	54	66	43	53	324
TELEPHONE	53	40	47	57	37	45	279
EMPL BENEFITS	425	323	373	452	295	362	2,229
PAYROLL TAXES	322	244	282	343	223	274	1,689
TRAVEL	33	25	29	35	23	28	171
IN SERVICE	5	4	5	5	4	4	27
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	3	3	3	4	2	3	18
OWNERS COMP	323	245	283	344	224	275	1,694
INS-PROP,LIAB,WC	22	17	20	24	16	19	118
DEPRECIATION	136	103	119	144	94	115	711
RENT	313	238	275	333	217	266	1,642
MAINTENANCE	72	54	63	76	50	61	375
FEES & PUBLIC	28	21	24	30	19	24	146
ADVERTISING	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
TOTAL	$6,082	$4,617	$5,334	$6,474	$4,215	$5,174	$31,897
FIXED ASSETS							
EQUIP - PRIOR	10,323	7,836	9,054	10,988	7,154	8,782	54,137
EQUIP - CURR	1,323	1,004	1,160	1,408	917	1,125	6,936
EQUIP - FULLY DEP	1,071	813	939	1,139	742	911	5,614
BLDG - PRIOR	1,282	973	1,125	1,365	889	1,091	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
NOVEMBER 1999

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	19.10%	14.64%	16.53%	20.81%	12.45%	16.48%	100.00%
SALARIES-ADMIN	$2,790	$2,138	$2,414	$3,040	$1,819	$2,407	$14,609
SALARIES-CLERIC	1,380	1,058	1,194	1,504	900	1,191	7,228
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	91	70	79	99	59	78	476
ACCOUNTING	26	20	23	29	17	23	138
WORK COMP INS	5	4	4	5	3	4	25
SUPPLIES	62	47	54	67	40	53	324
TELEPHONE	53	41	46	58	35	46	279
EMPL BENEFITS	426	326	368	464	278	367	2,229
PAYROLL TAXES	323	247	279	351	210	278	1,689
TRAVEL	33	25	28	36	21	28	171
IN SERVICE	5	4	4	6	3	4	27
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	3	3	3	4	2	3	18
OWNERS COMP	324	248	280	352	211	279	1,694
INS-PROP,LIAB,WC	22	17	19	25	15	19	118
DEPRECIATION	136	104	118	148	89	117	711
RENT	314	240	271	342	204	271	1,642
MAINTENANCE	72	55	62	78	47	62	375
FEES & PUBLIC	28	21	24	30	18	24	146
ADVERTISING	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
TOTAL	$6,092	$4,669	$5,271	$6,637	$3,972	$5,256	$31,897
FIXED ASSETS							
EQUIP - PRIOR	10,340	7,925	8,947	11,264	6,741	8,920	54,137
EQUIP - CURR	1,325	1,015	1,146	1,443	864	1,143	6,936
EQUIP - FULLY DEP	1,072	822	928	1,168	699	925	5,614
BLDG - PRIOR	1,284	984	1,111	1,399	837	1,108	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
DECEMBER 1999

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	19.08%	14.49%	16.87%	20.33%	12.26%	16.97%	100.00%
SALARIES-ADMIN	$2,787	$2,117	$2,465	$2,969	$1,791	$2,479	$14,609
SALARIES-CLERIC	1,379	1,047	1,220	1,469	886	1,226	7,228
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	91	69	80	97	58	81	476
ACCOUNTING	26	20	23	28	17	23	138
WORK COMP INS	5	4	4	5	3	4	25
SUPPLIES	62	47	55	66	40	55	324
TELEPHONE	53	40	47	57	34	47	279
EMPL BENEFITS	425	323	376	453	273	378	2,229
PAYROLL TAXES	322	245	285	343	207	287	1,689
TRAVEL	33	25	29	35	21	29	171
IN SERVICE	5	4	5	5	3	5	27
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	3	3	3	4	2	3	18
OWNERS COMP	323	245	286	344	208	287	1,694
INS-PROP,LIAB,WC	22	17	20	24	14	20	118
DEPRECIATION	136	103	120	145	87	121	711
RENT	313	238	277	334	201	279	1,642
MAINTENANCE	72	54	63	76	46	64	375
FEES & PUBLIC	28	21	25	30	18	25	146
ADVERTISING	0	0	0	0	0	0	0
	0	0	0	0	0	0	0
TOTAL	$6,086	$4,622	$5,383	$6,484	$3,911	$5,413	$31,897
FIXED ASSETS							
EQUIP - PRIOR	10,329	7,844	9,135	11,004	6,638	9,187	54,137
EQUIP - CURR	1,323	1,005	1,170	1,410	850	1,177	6,936
EQUIP - FULLY DEP	1,071	813	947	1,141	688	953	5,614
BLDG - PRIOR	1,283	974	1,135	1,367	825	1,141	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
JANUARY 2000

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	19.63%	14.63%	17.50%	20.31%	11.86%	16.07%	100.00%
SALARIES-ADMIN	$2,762	$2,058	$2,461	$2,856	$1,668	$2,261	$14,066
SALARIES-CLERIC	1,417	1,056	1,262	1,465	856	1,160	$7,216
SALARIES-ACTIV	0	0	0	0	0	0	$0
SALARIES-NURSE	0	0	0	0	0	0	$0
ACCOUNTING	9	7	8	9	5	7	$46
WORK COMP INS	15	11	13	15	9	12	$75
SUPPLIES	134	100	120	139	81	110	$685
TELEPHONE	64	48	57	66	39	52	$326
EMPL BENEFITS	456	340	407	472	276	374	$2,324
PAYROLL TAXES	340	253	303	351	205	278	$1,730
TRAVEL	195	145	174	202	118	160	$993
IN SERVICE	13	10	12	14	8	11	$68
MEDICAL CONSULT	0	0	0	0	0	0	$0
MACHINE RENTAL	21	16	19	22	13	17	$108
OWNERS COMP	324	241	289	335	196	265	$1,650
INS-PROP,LIAB,WC	24	18	21	24	14	19	$120
DEPRECIATION	150	112	134	156	91	123	$766
RENT	333	248	297	344	201	273	$1,696
MAINTENANCE	27	20	24	28	16	22	$137
FEES & PUBLIC	5	4	4	5	3	4	$25
ADVERTISING	3	2	2	3	2	2	$13
	0	0	0	0	0	0	$0
TOTAL	$6,291	$4,688	$5,606	$6,507	$3,801	$5,150	$32,044
FIXED ASSETS							
EQUIP - PRIOR	9,014	6,717	8,033	9,323	5,446	7,379	45,912
EQUIP - CURR	1,824	1,359	1,625	1,886	1,102	1,493	9,290
EQUIP - FULLY DEP	1,102	821	982	1,140	666	902	5,614
BLDG - PRIOR	1,320	984	1,177	1,366	798	1,081	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
FEBRUARY 2000

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	18.62%	14.24%	18.31%	19.79%	12.18%	16.86%	100.00%
SALARIES-ADMIN	$2,620	$2,003	$2,576	$2,784	$1,713	$2,371	$14,066
SALARIES-CLERIC	1,344	1,028	1,321	1,428	879	1,216	$7,216
SALARIES-ACTIV	0	0	0	0	0	0	$0
SALARIES-NURSE	0	0	0	0	0	0	$0
ACCOUNTING	9	7	8	9	6	8	$46
WORK COMP INS	14	11	14	15	9	13	$75
SUPPLIES	128	98	125	136	83	115	$685
TELEPHONE	61	46	60	65	40	55	$326
EMPL BENEFITS	433	331	426	460	283	392	$2,324
PAYROLL TAXES	322	246	317	342	211	292	$1,730
TRAVEL	185	141	182	196	121	167	$993
IN SERVICE	13	10	12	13	8	11	$68
MEDICAL CONSULT	0	0	0	0	0	0	$0
MACHINE RENTAL	20	15	20	21	13	18	$108
OWNERS COMP	307	235	302	327	201	278	$1,650
INS-PROP,LIAB,WC	22	17	22	24	15	20	$120
DEPRECIATION	143	109	140	152	93	129	$766
RENT	316	241	311	336	207	286	$1,696
MAINTENANCE	26	20	25	27	17	23	$137
FEES & PUBLIC	5	4	5	5	3	4	$25
ADVERTISING	3	2	2	3	2	2	$13
	0	0	0	0	0	0	$0
TOTAL	$5,968	$4,563	$5,867	$6,341	$3,903	$5,402	$32,044
FIXED ASSETS							
EQUIP - PRIOR	8,550	6,538	8,407	9,085	5,592	7,740	45,912
EQUIP - CURR	2,100	1,606	2,065	2,231	1,373	1,901	11,276
EQUIP - FULLY DEP	1,046	799	1,028	1,111	684	946	5,614
BLDG - PRIOR	1,252	958	1,231	1,331	819	1,134	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
MARCH 2000

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	18.40%	13.69%	18.79%	19.36%	12.11%	17.64%	100.00%
SALARIES-ADMIN	$2,588	$1,926	$2,643	$2,724	$1,704	$2,482	$14,066
SALARIES-CLERIC	1,328	988	1,356	1,397	874	1,273	$7,216
SALARIES-ACTIV	0	0	0	0	0	0	$0
SALARIES-NURSE	0	0	0	0	0	0	$0
ACCOUNTING	8	6	9	9	6	8	$46
WORK COMP INS	14	10	14	15	9	13	$75
SUPPLIES	126	94	129	133	83	121	$685
TELEPHONE	60	45	61	63	39	58	$326
EMPL BENEFITS	428	318	437	450	282	410	$2,324
PAYROLL TAXES	318	237	325	335	210	305	$1,730
TRAVEL	183	136	187	192	120	175	$993
IN SERVICE	12	9	13	13	8	12	$68
MEDICAL CONSULT	0	0	0	0	0	0	$0
MACHINE RENTAL	20	15	20	21	13	19	$108
OWNERS COMP	304	226	310	320	200	291	$1,650
INS-PROP,LIAB,WC	22	16	22	23	15	21	$120
DEPRECIATION	141	105	144	148	93	135	$766
RENT	312	232	319	328	205	299	$1,696
MAINTENANCE	25	19	26	27	17	24	$137
FEES & PUBLIC	5	3	5	5	3	4	$25
ADVERTISING	2	2	3	3	2	2	$13
	0	0	0	0	0	0	$0
TOTAL	$5,896	$4,386	$6,022	$6,205	$3,882	$5,653	$32,044
FIXED ASSETS							
EQUIP - PRIOR	8,447	6,285	8,628	8,890	5,562	8,100	45,912
EQUIP - CURR	3,889	2,894	3,972	4,093	2,561	3,729	21,138
EQUIP - FULLY DEP	1,033	769	1,055	1,087	680	990	5,614
BLDG - PRIOR	1,237	921	1,264	1,302	815	1,186	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
APRIL 2000

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	18.32%	13.47%	19.24%	19.54%	12.06%	17.37%	100.00%
SALARIES-ADMIN	$2,577	$1,895	$2,706	$2,748	$1,696	$2,443	$14,066
SALARIES-CLERIC	1,322	972	1,388	1,410	870	1,253	$7,216
SALARIES-ACTIV	0	0	0	0	0	0	$0
SALARIES-NURSE	0	0	0	0	0	0	$0
ACCOUNTING	8	6	9	9	6	8	$46
WORK COMP INS	14	10	14	15	9	13	$75
SUPPLIES	125	92	132	134	83	119	$685
TELEPHONE	60	44	63	64	39	57	$326
EMPL BENEFITS	426	313	447	454	280	404	$2,324
PAYROLL TAXES	317	233	333	338	209	300	$1,730
TRAVEL	182	134	191	194	120	172	$993
IN SERVICE	12	9	13	13	8	12	$68
MEDICAL CONSULT	0	0	0	0	0	0	$0
MACHINE RENTAL	20	15	21	21	13	19	$108
OWNERS COMP	302	222	317	322	199	287	$1,650
INS-PROP,LIAB,WC	22	16	23	23	14	21	$120
DEPRECIATION	140	103	147	150	92	133	$766
RENT	311	228	326	331	204	295	$1,696
MAINTENANCE	25	19	26	27	17	24	$137
FEES & PUBLIC	5	3	5	5	3	4	$25
ADVERTISING	2	2	3	3	2	2	$13
	0	0	0	0	0	0	$0
TOTAL	$5,871	$4,316	$6,165	$6,261	$3,864	$5,566	$32,044
FIXED ASSETS							
EQUIP - PRIOR	8,412	6,184	8,834	8,971	5,536	7,975	45,912
EQUIP - CURR	3,873	2,847	4,067	4,130	2,549	3,672	21,138
EQUIP - FULLY DEP	1,029	756	1,080	1,097	677	975	5,614
BLDG - PRIOR	1,232	906	1,294	1,314	811	1,168	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
MAY 2000

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	18.75%	13.78%	18.35%	20.45%	11.80%	16.89%	100.00%
SALARIES-ADMIN	$2,637	$1,938	$2,581	$2,876	$1,659	$2,376	$14,066
SALARIES-CLERIC	1,353	994	1,324	1,475	851	1,219	$7,216
SALARIES-ACTIV	0	0	0	0	0	0	$0
SALARIES-NURSE	0	0	0	0	0	0	$0
ACCOUNTING	9	6	8	9	5	8	$46
WORK COMP INS	14	10	14	15	9	13	$75
SUPPLIES	128	94	126	140	81	116	$685
TELEPHONE	61	45	60	67	38	55	$326
EMPL BENEFITS	436	320	426	475	274	393	$2,324
PAYROLL TAXES	324	238	317	354	204	292	$1,730
TRAVEL	186	137	182	203	117	168	$993
IN SERVICE	13	9	12	14	8	11	$68
MEDICAL CONSULT	0	0	0	0	0	0	$0
MACHINE RENTAL	20	15	20	22	13	18	$108
OWNERS COMP	309	227	303	337	195	279	$1,650
INS-PROP,LIAB,WC	22	16	22	24	14	20	$120
DEPRECIATION	144	106	141	157	90	129	$766
RENT	318	234	311	347	200	286	$1,696
MAINTENANCE	26	19	25	28	16	23	$137
FEES & PUBLIC	5	3	5	5	3	4	$25
ADVERTISING	3	2	2	3	2	2	$13
	0	0	0	0	0	0	$0
TOTAL	$6,007	$4,414	$5,879	$6,552	$3,780	$5,412	$32,044
FIXED ASSETS							
EQUIP - PRIOR	8,606	6,325	8,423	9,388	5,416	7,754	45,912
EQUIP - CURR	3,962	2,912	3,878	4,322	2,494	3,570	21,138
EQUIP - FULLY DEP	1,052	773	1,030	1,148	662	948	5,614
BLDG - PRIOR	1,261	926	1,234	1,375	793	1,136	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

NURSING HOME MANAGERS
COST ALLOCATION
JUNE 2000

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	18.67%	14.61%	18.36%	20.23%	12.04%	16.09%	100.00%
SALARIES-ADMIN	$2,626	$2,055	$2,583	$2,846	$1,694	$2,264	$14,066
SALARIES-CLERIC	1,347	1,054	1,325	1,460	869	1,161	7,216
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	0	0	0	0	0	0	0
ACCOUNTING	9	7	8	9	6	7	46
WORK COMP INS	14	11	14	15	9	12	75
SUPPLIES	128	100	126	139	82	110	685
TELEPHONE	61	48	60	66	39	52	326
EMPL BENEFITS	434	339	427	470	280	374	2,324
PAYROLL TAXES	323	253	318	350	208	278	1,730
TRAVEL	185	145	182	201	120	160	993
IN SERVICE	13	10	12	14	8	11	68
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	20	16	20	22	13	17	108
OWNERS COMP	308	241	303	334	199	266	1,650
INS-PROP,LIAB,WC	22	17	22	24	14	19	120
DEPRECIATION	143	112	141	155	92	123	766
RENT	317	248	311	343	204	273	1,696
MAINTENANCE	26	20	25	28	17	22	137
FEES & PUBLIC	5	4	5	5	3	4	25
ADVERTISING	3	2	2	3	2	2	13
	0	0	0	0	0	0	0
TOTAL	$5,982	$4,680	$5,884	$6,482	$3,858	$5,157	$32,044
FIXED ASSETS							
EQUIP - PRIOR	8,571	6,706	8,431	9,288	5,528	7,388	45,912
EQUIP - CURR	3,946	3,088	3,882	4,276	2,545	3,402	21,138
EQUIP - FULLY DEP	1,048	820	1,031	1,136	676	903	5,614
BLDG - PRIOR	1,255	982	1,235	1,360	810	1,082	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

COST ALLOCATION
JULY 2000

	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
ALLOC PERCENT	18.71%	14.72%	19.35%	20.17%	11.78%	15.26%	100.00%
SALARIES-ADMIN	$2,632	$2,071	$2,722	$2,838	$1,657	$2,146	$14,066
SALARIES-CLERIC	1,350	1,062	1,396	1,456	850	1,101	7,216
SALARIES-ACTIV	0	0	0	0	0	0	0
SALARIES-NURSE	0	0	0	0	0	0	0
ACCOUNTING	9	7	9	9	5	7	46
WORK COMP INS	14	11	15	15	9	11	75
SUPPLIES	128	101	133	138	81	104	685
TELEPHONE	61	48	63	66	38	50	326
EMPL BENEFITS	435	342	450	469	274	355	2,324
PAYROLL TAXES	324	255	335	349	204	264	1,730
TRAVEL	186	146	192	200	117	151	993
IN SERVICE	13	10	13	14	8	10	68
MEDICAL CONSULT	0	0	0	0	0	0	0
MACHINE RENTAL	20	16	21	22	13	16	108
OWNERS COMP	309	243	319	333	194	252	1,650
INS-PROP,LIAB,WC	22	18	23	24	14	18	120
DEPRECIATION	143	113	148	155	90	117	766
RENT	317	250	328	342	200	259	1,696
MAINTENANCE	26	20	27	28	16	21	137
FEES & PUBLIC	5	4	5	5	3	4	25
ADVERTISING	3	2	3	3	2	2	13
	0	0	0	0	0	0	0
TOTAL	$5,996	$4,718	$6,201	$6,465	$3,776	$4,889	$32,044
FIXED ASSETS							
EQUIP - PRIOR	8,591	6,760	8,884	9,262	5,410	7,004	45,912
EQUIP - CURR	3,955	3,112	4,090	4,264	2,491	3,225	21,138
EQUIP - FULLY DEP	1,051	827	1,086	1,133	662	856	5,614
BLDG - PRIOR	1,258	990	1,301	1,357	792	1,026	6,725
BLDG - CURR	0	0	0	0	0	0	0
BLDG - FULLY DEP	0	0	0	0	0	0	0

ALLOCATION PERCENTAGES USED ON PAGE 28

OCCUPIED DAYS 1999	D'ADR	HLTP	JVILLE	MEAD M	MMW	MENARD	SUNRISE	TOTAL
JANUARY	2,678	2,190	2,298	2,108	599	1,557	2,603	14,033
FEBRUARY	2,471	1,935	2,036	1,894	594	1,322	2,314	12,566
MARCH	2,681	2,164	2,223	2,021	633	1,397	2,364	13,483
APRIL	2,482	1,983	2,120	1,906	596	1,351	2,421	12,859
MAY	2,586	1,928	2,189	1,871	615	1,472	2,379	13,040
JUNE	2,349	1,864	2,168	1,899	583	1,418	2,256	12,537
JULY	2,331	1,911	2,239	1,894	601	1,432	2,373	12,781
AUGUST	2,345	1,839	2,144	1,848	612	1,471	2,366	12,625
SEPTEM	2,298	1,790	2,105	1,786	643	1,561	2,121	12,304
OCTOBER	2,391	1,815	2,097	1,820	725	1,657	2,034	12,539
NOVEMBEF	2,316	1,775	2,004	1,831	692	1,510	1,998	12,126
DECEMBEF	2,415	1,834	2,136	1,881	692	1,552	2,148	12,658
TOTAL	29,343	23,028	25,759	22,759	7,585	17,700	27,377	153,551
								153,551

OCCUPIED DAYS 2000	D'ADR	HLTP	JVILLE	MEAD M	MMW	MENARD	SUNRISE	TOTAL
JANUARY	2,453	1,828	2,186	1,874	663	1,482	2,008	12,494
FEBRUARY	2,205	1,686	2,168	1,746	597	1,442	1,996	11,840
MARCH	2,383	1,773	2,434	1,904	604	1,569	2,285	12,952
APRIL	2,273	1,671	2,387	1,783	641	1,496	2,155	12,406
MAY	2,301	1,691	2,252	1,910	600	1,448	2,073	12,275
JUNE	2,211	1,730	2,175	1,793	603	1,426	1,906	11,844
JULY	2,317	1,823	2,396	1,846	652	1,459	1,889	12,382
AUGUST								0
SEPTEM								0
OCTOBER								0
NOVEMBER								0
DECEMBER								0
TOTAL	16,143	12,202	15,998	12,856	4,360	10,322	14,312	86,193
								86,193

ALLOCATION PERCENTAGE 1999	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
JANUARY	19.08%	15.61%	16.38%	19.29%	11.10%	18.55%	100.00%
FEBRUARY	19.66%	15.40%	16.20%	19.80%	10.52%	18.41%	100.00%
MARCH	19.88%	16.05%	16.49%	19.68%	10.36%	17.53%	100.00%
APRIL	19.30%	15.42%	16.49%	19.46%	10.51%	18.83%	100.00%
MAY	19.83%	14.79%	16.79%	19.06%	11.29%	18.24%	100.00%
JUNE	18.74%	14.87%	17.29%	19.80%	11.31%	17.99%	100.00%
JULY	18.24%	14.95%	17.52%	19.52%	11.20%	18.57%	100.00%
AUGUST	18.57%	14.57%	16.98%	19.49%	11.65%	18.74%	100.00%
SEPTEMBER	18.68%	14.55%	17.11%	19.74%	12.69%	17.24%	100.00%
OCTOBER	19.07%	14.47%	16.72%	20.30%	13.21%	16.22%	100.00%
NOVEMBER	19.10%	14.64%	16.53%	20.81%	12.45%	16.48%	100.00%
DECEMBER	19.08%	14.49%	16.87%	20.33%	12.26%	16.97%	100.00%

ALLOCATION PERCENTAGE 2000	D'ADR	HLTP	JVILLE	MEAD M	MENARD	SUNRISE	TOTAL
JANUARY	19.63%	14.63%	17.50%	20.31%	11.86%	16.07%	100.00%
FEBRUARY	18.62%	14.24%	18.31%	19.79%	12.18%	16.86%	100.00%
MARCH	18.40%	13.69%	18.79%	19.36%	12.11%	17.64%	100.00%
APRIL	18.32%	13.47%	19.24%	19.54%	12.06%	17.37%	100.00%
MAY	18.75%	13.78%	18.35%	20.45%	11.80%	16.89%	100.00%
JUNE	18.67%	14.61%	18.36%	20.23%	12.04%	16.09%	100.00%
JULY	18.71%	14.72%	19.35%	20.17%	11.78%	15.26%	100.00%